

Officer / Agent:

(b)(7)(C), (b)(6)

DEPARTMENT OF HOMELAND SECURITY

U.S. Customs and Border Protection

Date Printed: 07/02/2012

Subject: unknown et al

REPORTABLE USE OF FORCE INCIDENT DATA

SECTION A - INCIDENT IDENTIFICATION INFORMATION

Incident Number: (b)(7)(E)	Incident Title: Involved in shooting at (b)(7)(E) Sierra Vista, AZ	Orig. SIR No.: (b)(7)(E)	Event No.:
Office: Office of Border Patrol	Organization: Tucson Sector/Naco Station	Reporting Official: (b)(7)(C), (b)(6)	Telephone Number: (b)(7)(E)
Type of Incident: <input checked="" type="checkbox"/> Firearm <input type="checkbox"/> Intermediate Device <input type="checkbox"/> Other		Local Time / Day / Date of Incident: 16:30 Tuesday 3/15/2011	
Number of Subjects: 2	Number of Involved CBP Officers/Agents: 2	Other Offices / Agencies Involved: OTHER AGENCY	

SECTION B - INCIDENT LOCATION INFORMATION

Address: (b)(7)(E)	City: (b)(7)(E)	State: AZ	County: Cochise
ZIP Code: (b)(7)(E)	Country: US	Longitude: (b)(7)(E)	Latitude: (b)(7)(E)
Character of Premises: Suburban, Moderately Populated, Residential, Outdoors			
Illumination: If Natural Illumination: Daylight If Artificial Illumination: Not Applicable			
Environmental Conditions: Dry, Calm			Estimated Ambient Temperature (°F): 75

Additional Comments (relevant to the incident information page):

Citizen's call to Sierra Vista P.D. SVPD request assistance from (b)(7)(E) ve BPA's (BP INTEL & ICE detailed) and one ICE agent responded to provide security at (b)(7)(E) at residence with four SVPD officers on scene. Contact made with a subject. Two subject smash through garage in a Chevy Suburban & attempt to run down agents after ramming SVPD vehicle. Two BPA agents & ICE agent fire on the driver.

SECTION C - INVOLVED OFFICER / AGENT INFORMATION

Name: (b)(7)(C), (b)(6)	Title: BORD PATRL AGT	Service EOD: (b)(7)(C), (b)(6)	Duty Location EOD: [REDACTED]	
Duty Location: Tucson Sector/Naco Station				
Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Hand Usage: <input checked="" type="checkbox"/> Right-Handed <input type="checkbox"/> Left-Handed	Height: 5' 7"	Weight: 200	Age: 39
Duty Status: <input checked="" type="checkbox"/> On Duty <input type="checkbox"/> Off Duty	Attire: <input type="checkbox"/> Uniformed <input checked="" type="checkbox"/> Plain Clothes	Total YEARS Law Enforcement Experience: Federal: 10 State: 0 Local: 0		Wearing Body Armor: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Operational Activity:				

SECTION D - INVOLVED OFFICER / AGENT INJURY INFORMATION

Injured: <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Any Involved Officer/Agent Injuries or Other Needed Information: None
Referred for Additional Medical Attention: <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION E - WEAPONS USED BY OFFICER / AGENT

Firearm Information:			
Ownership: <input checked="" type="checkbox"/> CBP <input type="checkbox"/> Personal	Last Qualification Date:		Qualification Score:
Serial Number: (b)(7)(E)	Manufacturer: H&K	Model Name/Number:	Caliber:
Type: Pistol	Round Type (if Shotgun):		Rounds Fired: 2
Firearm Shooting Information:			
Posture: Standing	Posture Orientation: Facing Squarely		
Cover Usage: No Cover	Weapon Grip: Two-handed		
Target Elevation: Below Eye Level	Aiming Method: Sight Aim		
Firing Mode: Semi-automatic	Estimated Distance (Express in Yards): Minimum: 3 Maximum: 5		
Collateral Damage: <input checked="" type="checkbox"/> Bystander / Other Person(s) Hit <input checked="" type="checkbox"/> Property Damaged			
Comments Concerning Collateral Damage: Driver's door impacted.			

SECTION E (Continuation) - WEAPONS USED BY OFFICER / AGENT

Intermediate Device Information:	
Device:	Device Type:
Description:	
Intermediate Device Deployment Information:	
Posture:	Posture Orientation:
Cover Usage:	Weapon Grip:
Target Elevation:	Aiming Method:
Firing Mode:	Estimated Distance (<i>Express in Yards</i>): Minimum: 0 Maximum: 0
Did Collateral Contamination Occur?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Time Needed for Decontamination (<i>Express in Minutes</i>): <input type="checkbox"/> 0-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> More than 20
Collateral Damage: <input type="checkbox"/> Bystander / Other Person(s) Hit <input type="checkbox"/> Property Damaged	
Comments Concerning Collateral Damage:	

Other Force Information:	
Device Type:	Description:
Comments:	
Other Force Deployment Information:	
Posture:	Posture Orientation:
Cover Usage:	Estimated Distance (<i>Express in Yards</i>): Minimum: 0 Maximum: 0
Collateral Damage: <input type="checkbox"/> Bystander / Other Person(s) Hit <input type="checkbox"/> Property Damaged	
Comments Concerning Collateral Damage:	

SECTION F - INVOLVED OFFICER / AGENT SHOOTING INFORMATION

(Data Merged with Section E Above by Weapon)

SECTION G - INVOLVED OFFICER / AGENT TRAINING INFORMATION

What Training (<i>in addition to Basic Academy</i>) Assisted the Involved Officer/Agent:
Training Recommendations:

SECTION H - SUBJECT INFORMATION

Type: <input checked="" type="checkbox"/> Person <input type="checkbox"/> Animal	Reason (Animal): <input type="checkbox"/> Defense <input type="checkbox"/> Euthanize	Description of Animal:	
Name (Last, First, Middle): unknown		Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	
DOB or Age: Unknown	Height: Unknown	Weight: Unknown	Wearing Body Armor: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown
Attire: <input checked="" type="checkbox"/> Civilian <input type="checkbox"/> Paramilitary <input type="checkbox"/> Police <input type="checkbox"/> None		<input type="checkbox"/> Deceased	

SECTION I - SUBJECT FIREARM (AND MISC. WEAPONS) INFORMATION

Firearm Information: <input type="checkbox"/> Unknown				
Type:		Round Type (if Shotgun): <input type="checkbox"/> Shot <input type="checkbox"/> Slug <input type="checkbox"/> Other:		
Caliber:	Serial Number:	Manufacturer:	Model Name/Number:	Rounds Fired:
Add Firearms (Use Supplemental Sheet for Additional Suspect Firearms): <input checked="" type="checkbox"/> None <input type="checkbox"/> See Supplemental				
Subject Other Weapon Information (NOT Firearm): Vehicle				

SECTION I-A - FORCE / WEAPON(S) USED ON SUBJECT

Weapon: P2000	Officer/Agent: (b)(7)(C), (b)(6)
Subject: unknown	
Effective at Stopping Immediate Threat: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Comments: Subjects fled and evaded arrest	
Did Weapon or Device Function Properly / Perform As Expected?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
Comments:	
Subject Injured: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Referred for Additional Medical Attention: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

ADDITIONAL COMMENTS

SUPPLEMENTAL

Use this supplement to record involved Officer/Agent firearms and /or Subject weapons that are additional to those shown on the original form. Firearms or other weapons used by ADDITIONAL Involved Officers/Agents and or Subjects should be shown on ADDITIONAL FORMS submitted for those parties.

SECTION A - INCIDENT IDENTIFICATION INFORMATION

CBP Reportable Incident Number:	Original SIR Number:	Name of Primary Involved Officer / Agent:
(b) (7)(E)		(b)(7)(C), (b)(6)

SECTION C - INVOLVED OFFICER / AGENT INFORMATION - (b)(7)(C), (b)(6)

Name: (b)(7)(C), (b)(6)	Title: BORDER PATROL AGENT	Service EOD: (b)(7)(C), (b)(6)	Duty Location EOD: (b)(6)	
Duty Location: Tucson Sector/Naco Station				
Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Hand Usage: <input checked="" type="checkbox"/> Right-Handed <input type="checkbox"/> Left-Handed	Height: 5' 9''	Weight: 145	Age: 34
Duty Status: <input checked="" type="checkbox"/> On Duty <input type="checkbox"/> Off Duty	Attire: <input type="checkbox"/> Uniformed <input checked="" type="checkbox"/> Plain Clothes	Total YEARS Law Enforcement Experience: Federal: 2 State: 0 Local: 0	Wearing Body Armor: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Operational Activity: (INTEL)				

SECTION D - INVOLVED OFFICER / AGENT INJURY INFORMATION - (b)(7)(C), (b)(6)

Injured: <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Any Involved Officer/Agent Injuries or Other Needed Information: None
Referred for Additional Medical Attention: <input type="checkbox"/> Yes <input type="checkbox"/> No

SUPPLEMENTAL

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SECTION A - INCIDENT IDENTIFICATION INFORMATION

CBP Reportable Incident Number:	Original SIR Number:	Name of Primary Involved Officer / Agent:
(b) (7)(E)	(b) (7)(E)	(b) (7)(E)

SECTION E - WEAPONS USED BY OFFICER / AGENT - (b)(7)(C), (b)(6)

Firearm Information:			
Ownership:	<input checked="" type="checkbox"/> CBP <input type="checkbox"/> Personal	Last Qualification Date:	Qualification Score:
Serial Number:	Manufacturer:	Model Name/Number:	Caliber:
(b) (7)(E)	H&K	P2000	(b) (7)(E)
Type:	Round Type (if Shotgun):	Rounds Fired:	
Pistol		2	
Firearm Shooting Information:			
Posture:	Posture Orientation:		
Standing	Facing Squarely		
Cover Usage:	Weapon Grip:		
No Cover	Two-handed		
Target Elevation:	Aiming Method:		
Below Eye Level	Sight Aim		
Firing Mode:	Estimated Distance (Express in Yards):		
Semi-automatic	Minimum: 3 Maximum: 5		
Collateral Damage:	<input checked="" type="checkbox"/> Bystander / Other Person(s) Hit <input checked="" type="checkbox"/> Property Damaged		
Comments Concerning Collateral Damage:			
Driver's door impacted.			

SECTION H - SUBJECT INFORMATION - unknown

Type:	Reason (Animal):	Description of Animal:	
<input checked="" type="checkbox"/> Person <input type="checkbox"/> Animal	<input type="checkbox"/> Defense <input type="checkbox"/> Euthanize		
Name (Last, First, Middle):	Sex:		
unknown	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown		
DOB or Age:	Height:	Weight:	Wearing Body Armor:
Unknown	Unknown	Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown
Attire:			
<input checked="" type="checkbox"/> Civilian <input type="checkbox"/> Paramilitary <input type="checkbox"/> Police <input type="checkbox"/> None	<input type="checkbox"/> Deceased		

SUPPLEMENTAL

Use this supplement to record involved Officer/Agent firearms and /or Subject weapons that are additional to those shown on the original form. Firearms or other weapons used by ADDITIONAL Involved Officers/Agents and or Subjects should be shown on ADDITIONAL FORMS submitted for those parties.

SECTION A - INCIDENT IDENTIFICATION INFORMATION

CBP Reportable Incident Number:	Original SIR Number:	Name of Primary Involved Officer / Agent:
(b) (7)(E)		(b)(7)(C), (b)(6)

SECTION I-A - OFFICER/AGENT WEAPON(S) USED ON SUBJECT - unknown

Weapon:	Officer/Agent:
	(b)(7)(C), (b)(6)
Subject: unknown	
Effective at Stopping Immediate Threat:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Comments: Subjects fled the scene & escaped.	
Did Weapon or Device Function Properly / Perform As Expected?:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Comments:	
Subject Injured: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Referred for Additional Medical Attention: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

SECTION I-A - OFFICER/AGENT WEAPON(S) USED ON SUBJECT - unknown

Weapon:	Officer/Agent:
	(b)(7)(C), (b)(6)
Subject: unknown	
Effective at Stopping Immediate Threat:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Comments: Subjects fled the scene & escaped.	
Did Weapon or Device Function Properly / Perform As Expected?:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Comments:	
Subject Injured: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Referred for Additional Medical Attention: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

SECTION I-A - OFFICER/AGENT WEAPON(S) USED ON SUBJECT - unknown

Weapon: P2000	Officer/Agent:
	(b)(7)(C), (b)(6)
Subject: unknown	
Effective at Stopping Immediate Threat:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Comments: Subjects fled the scene & escaped.	
Did Weapon or Device Function Properly / Perform As Expected?:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Comments:	
Subject Injured: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Referred for Additional Medical Attention: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown